

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME Cook Street Apartments, LLC
 ADDRESS 2150 West 29th Avenue Ste 400
 Denver, Colorado 80211

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

Form Approved.
 OMB No. 2040-0004

COG315342	001-A
PERMIT NUMBER	DISCHARGE NUMBER

FACILITY Alexan Cherry Creek
 LOCATION 3300 East 1st Avenue
 Denver, Colorado 80206

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
FROM 2015	09	01	TO	2015	09	30

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI (C)	*****	NODI (C)	SU		Weekly	Insitu
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6.5 Minimum	*****	9 Maximum	SU		Weekly	Insitu
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI (C)	NODI (C)	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 30D Avg	45 Max 7D Avg	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI (C)	NODI (C)	MGD	*****	*****	*****	*****		Continuous	Record
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 30DA MX	MGD	*****	*****	*****			Continuous	Record
Oil and Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI (C)	mg/L		Continuous	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	10 Instant Max	mg/L		Continuous	Grab
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI (C)	0	*****	*****	*****	*****		*****	*****
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****
Manganese (Dissolved)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI (C)	*****	ug/L		Weekly	Grab
01056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	50 30D Avg	*****	ug/L		Weekly	Grab
Uranium (TREC)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI (C)	*****	ug/L		Weekly	Grab
22708 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 30D Avg	*****	ug/L		Weekly	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TELEPHONE		DATE			
Matt Schildt/Vice President						720 932-9137		2015 10 28			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Total Residual Chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI (C)	NODI (C)	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.011 30D Avg	0.019 Maximum	ug/L		Weekly	Grab
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****

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